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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|---------------------|
| Application Number | 10/566334 |
| Filing Date | 07-29-2004 |
| First Named Inventor | CHELLAPPA, ANAND S. |
| Art Unit | 1715 |
| Examiner Name | PADGETT, MARIANNE L |
| Attorney Docket Number | 37929-32401 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 86451

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6). Please explain below: | |

See the attached letter instructing transfer of the files to a new attorney. Note the language revoking power of attorney to attorneys associated with Luce Forward (Customer Number 86451).

Certifications**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☐ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

With respect to box 3, we have provided docket reports to the new attorney for this matter, which lists the responses that may be due and a time frame within which a response must be tendered to the USPTO.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:

OR

B. ☐ Inventor or
Assignee name

Address

City

State

Zip

Country

Telephone

Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name

Marlan D. Walker

Registration No. 56,928

Address 2050 Main Street, Suite 600

City Irvine

State CA

Zip 92614

Country USA

Date

FEB 09 2011

Telephone No. 949.732.3700

NOTE: Withdrawal is effective when approved rather than when received.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



TRANSFER INSTRUCTION

As of the close of business on December 31, 2010, Mark H. Krietzman has chosen to resign as an equity Partner of Luce Forward Hamilton & Scripps (Luce). Therefore, the client of the firm designated below is requested to instruct Luce as to what should be done with the client's files and as to who should be handling future work for the client. While Mark H. Krietzman is prepared to continue to handle the client's matter after December 31, 2010, it is your choice as to what should be done. Please advise us of your wishes, so that we may handle your files and matters appropriately:

NAME OF CLIENT(S): Intelligent Energy

Address: 2955 Redondo Avenue
Long Beach CA 90806
United States of America

1. **ALTERNATIVE ANSWER #1.** All our files (paper and electronic) and matters be transferred to Mark H. Krietzman:

All of the files are to be kept in California and are not to leave the State of California all physical files, electronic records & data, docketing data, trust and retainer funds related to matters handled for us by or at the request of Mark H. Krietzman should be transferred to Mark H. Krietzman. Luce Forward will cease being our attorneys as to the all matters on the date of our receipt of written notice that the files and any pending matters have been transferred to Mark Krietzman.

PHILIP MITCHELL
CTO/DIRECTOR

(Please sign if you want Alternative #1;
otherwise, do not sign this line.)

2. **ALTERNATIVE ANSWER #2.** I (or we) do not want any files or matters transferred to Mark Krietzman. All of our files should remain in the custody of Luce Forward until further notice:

(Please sign if you want Alternative #2;
otherwise, do not sign this line.)

[Continued on next page]

3. **ALTERNATIVE INSTRUCTIONS:** (If you do not want either Alternative #1 or Alternative #2, please advise us what we should do regarding your matters and files.)

(Please sign here if you have given
instructions under Alternative #3; otherwise
do not sign on this line.)

17 DECEMBER
Date of this Response: _____, 2010

Please scan or fax back this signed form to Mark Krietzman,

via email to: MKRIETZMAN@LUCE.COM

via fax to Mark Krietzman (929) 251-5838